

Bureau of Professional Licensing PO Box 30670 • Lansing, MI 48909 Telephone: (517) 241-0199 www.michigan.gov/bpl BPLData@michigan.gov

CERTIFICATION OF TERMINATION OF A BARBER APPRENTICESHIP PROGRAM

Authority: P.A. 299 of 1980, as amended

This form must be submitted directly to this office by the supervising practitioner should the apprentice or practitioner decide to end the apprenticeship program or have a lapse in training from the apprenticeship program. If this form is submitted by the apprentice, it will not be accepted.

Apprentice First Name:	Middle Name:		Last Name:	
Apprentice Date of Birth: (MM/DD/YYYY)				
	MI 10	O-digit Apprentice R	Registration Number:	
Barbershop Name:			MI 10-digit Barbershop License Nu	mber:
Starting Date of Apprenticeship: (MM/DD/YYYY)		Termination Da	Termination Date of Apprenticeship: (MM/DD/YYYY)	
mainder of form to be completed by	the Practitioner			
	CERTIFICATIO	N AND SIGN	ATURE	
I certify that the apprentice named ab above and completed training consist		Barber apprention	ceship program up to the terminat	tion date noted
Number of	Hours in Program			
I further certify, under penalty of perju	ry, the information is true a	and complete.		
Signature of Practitioner		Date		
Print Name		 Practitio	ner's License Number	
RA/BPL-BARCURR 11/21)				

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.